1999 Texas Disallowed Expense Call

INSTRUCTIONS:

This call requires that you submit countrywide direct written premiums and insurance expense exhibit data for all property and casualty lines combined if your company had writings in Texas for the year 1999 in one or more of the following lines:

- Residential Fire
- Residential Allied Lines
- Homeowners Multiple Peril
- Private Passenger Automobile
- Commercial Automobile

Note: If your company did **NOT** have direct writings in Texas for 1999 in any of the above lines, you may satisfy the call by completing and returning only the Transmittal Form indicating a "**NONE**" filing and the signed affidavit.

Transmittal and Affidavit

When filling out the Transmittal form (page 3) you must include the name of the company/companies and the corresponding NAIC number(s) for each company for which you are submitting data. The Affidavit form (page 7) must be signed by the highest ranking company official with management and control authority over the development of the reported information and must be notarized.

Report of Insurance Expense Exhibit Data

Report all amounts to the nearest thousand as they are reported in the Insurance Expense Exhibit. If you are submitting a group filing you may do one of the following:

- file insurance expense exhibit data in aggregate amounts, or;
- submit an insurance expense exhibit report for each company in your group.

Note: An affidavit must be signed and submitted for each report of insurance expense exhibit. If you are filing as a group, please ensure that you list the company names and NAIC numbers on the transmittal form.

Retention of Records

The underlying data and other information utilized in the development of your call response must be maintained within your company's records for a minimum of two years after April 3, 2000.

Acknowledgment of Receipt form

An Acknowledgment of Receipt form is included (page 8), and must be signed and returned to the Texas Department of Insurance, Data Services Division by **March 3, 2000**. You may send the form by mail to:

Mail: Courier

Texas Department of Insurance
Data Service Division (MC105-5D)
P.O. Box 149104
Texas Department of Insurance
Data Services Division (MC105-5D)
333 Guadalupe

Austin, Texas 78714-9104; Austin, Texas 78701

Or fax it to (512)463-6122

Disallowed Expense call on the Web

For a copy of this call please see our web site at www.tdi.state.tx.us and go to the Company information site under Data Calls.

Other

If a TDI acknowledgment of receipt is desired, include a stamped, self-addressed envelope.

If you have any questions regarding this matter, please contact Julie Jones at the Texas Department of Insurance, Data Services Division at 512/475-3027.

TEXAS DISALLOWED CALL TRANSMITTAL FORM

DUE DATE: April 3, 2000		
COMPANY or GROUP NAME:		
NAIC COMPANY (GROUP) NO.:		
GROUP FILING REPORT EACH INI	DIVIDUAL COMPANY NAME	AND NAIC COMPANY NUMBER:
COMPANY NAME		NAIC NUMBER
Places check each line for which v	our Group/Company had dir	oot written promiums in 1990:
Please check each line for which y	Residential Fire Residential Allied Lines Homeowners Multiple Perile Private Passenger Automob Commercial Automobile None of the above	
Name of contact for this report: Contact's Phone Number:		
E-Mail Address:	Fax No.:	

Group/Company Name:	
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REPORT OF INSURANCE EXPENSE EXHIBIT DATA CALENDAR YEAR 1999

CALENDAN TEAN 1999							
	<u>Fi</u>	<u>Fire</u>		Allied Lines		Homeowners Multiple Peril	
LINE	(IEE Line 1)		(IEE Li	ne 2.1)	(IEE Line 3)		
		% of Direct		% of Direct		% of Direct	
	Amount	Written	Amount	Written	Amount	Written	
	(000)	Premiums	(000)	Premiums	(000)	Premiums	
		(xx.x)		(xx.x)		(xx.x)	
1	Direct premiums v	vritten - must equa	I the amount repo	rted on Part III, col	umn 1 of the		
	Insurance Expens	e Exhibit.					
	\$	100%	\$	100%	\$	100%	
2a	Other acquisition,	field supervision a	and collection expe	enses incurred - m	ust equal the		
		on Part III, column					
	\$	%	\$	%	\$	%	
2b	All advertising exp	penses incurred E)	(CEPT the following	g: 1. Advertising	directly related to		
	•	oducts provided by					
	loss prevention; a	nd 3. Advertising f	or promotion of or	ganizations exemp	ot from federal		
	taxation under 5.0	1(c)(3) of the Inter	nal Revenue Code	1			
	\$	%	\$	%	\$	%	
2c	Adjusted other ac	quisition, field sup	ervision and collec	tion expenses inc	urred - line 2a		
	minus line 2b.						
	\$	%	\$	%	\$	%	
3a	General expenses	incurred - must e	qual the amount re	ported on Part III,	column 15 of the		
	Insurance Expens	e Exhibit.					
	\$	%	\$	%	\$	%	
3b	Loss control and	safety engineering	expenses. (Althou	gh this is not a dis	allowed		
		e reported separa	-	_			
	\$	%	\$	%	\$	%	
3с	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees						
	and other expenses incurred to influence elected or appointed decision-makers						
	regarding legislation or rule making and all other activities required to be reported under						
	the Texas Ethics Law.						
	\$	%	\$	%	\$	%	
3d	d All amounts paid by an insurer as damages in a suit against the insurer for bad faith or as						
	•	for violation of lav	,				
	\$	%	\$	%	\$	%	
3e	All contributions t	o organizations er					
	\$	%	\$	%	\$	%	
3f	All fees and penal	ties imposed on th	e insurer for civil	or criminal violation	ns of law.		
	\$	%	\$	%	\$	%	
3g	All contributions t	o social, religious,	political or fratern				
	\$	%			\$	%	
3h	All fees and asses	sments paid to adv					
	\$	%			\$	%	
3i		al expenses - sum			ı ·		
J.	\$	%			\$	%	
3j		expenses incurred					
J		%			<u> </u>	0/	
	\$	90	Φ	<u> </u>	Ψ	%	

Group/Company Name:	
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REPORT OF INSURANCE EXPENSE EXHIBIT DATA CALENDAR YEAR 1999

	Automobile Liability		Automobile Liability		DO NOT WRITE IN THIS	
	Private Passenger Auto		Commercial		SECTION	
LINE	(IEE Lines 19.1 and 19.2)		(IEE Lines 19.3 and 19.4)			
		% of Direct		% of Direct		
	Amount	Written	Amount	Written		
	(000)	Premiums	(000)	Premiums		
4	Direct premiume	(XX.X)	ul the emerint rene	(XX.X)	lumm 4 of the	
1	Insurance Expens		al the amount repo	rted on Part III, co	iumn 1 of the	
	\$	100%	\$	100%		
2a	Other acquisition,	field supervision	and collection expe	nses incurred - m	ust equal the	
	amount reported of		14 of the Insuranc	e Expense Exhibit		
	\$	%		%		
2b			CEPT the following			
			y the insurer; 2. Ad for promotion of o			
			nal Revenue Code		pt iroin rederai	
	\$	%		%		
2c	Adjusted other ac		ervision and collec			
	minus line 2b.	, ,		•		
	\$	%	\$	%		
3a		al expenses incurred - must equal the amount reported on Part III, column 15 of the				
	Insurance Expens		M .		ı	
	<u> </u> \$		% \$ %			
3b	Loss control and safety engineering expenses. (Although this is not a disallowed expense, it must be reported separately to ensure appropriate consideration.)					
	expense, it must i	% se reported separa		%		
3c	<u> Ψ</u> All lobbying expe					
	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees and other expenses incurred to influence elected or appointed decision-makers					
	regarding legislation or rule making and all other activities required to be reported under					
	the Texas Ethics I					
	\$	%		%		
3d			amages in a suit ag	gainst the insurer	for bad faith or as	
	<u> </u>	for violation of lav		0/		
3e	All contributions t		∥⊅ ngaged in legislati\	%		
J C	\$	%		%		
3f	т		ne insurer for civil			
O.	\$	%	,	%		
3g	All contributions t	्राण्य ।				
- 3	\$	%\$		%		
3h	All fees and asses	ssments paid to advisory organizations		s.		
	\$	%\$		%		
3i	Disallowed genera	-	of lines 3c, 3d, 3e	, 3f, 3g and 3h.		
	\$	%	\$	%		
3j	Adjusted general		- line 3a minus lir			
	\$	% \$		%		

Group/Co	mpany	Name:			

REPORT OF INSURANCE EXPENSE EXHIBIT DATA CALENDAR YEAR 1999

				Grand Total (IEE Line 32)			
	Automobile Physical Damage			(100 0	ile 32)		
		Private Passenger Commercial					
LINE	(IEE Lii	ne 21.1)	(IEE Lir				
	A	% of Direct	A	% of Direct	A	% of Direct	
	Amount (000)	Written	Amount (000)	Written	Amount (000)	Written	
	(000)	Premiums (xx.x)	(000)	Premiums (xx.x)	(000)	Premiums (xx.x)	
1	Direct premiums v		ıl the amount repo	` '	lumn 1 of the	(70.17.)	
•	Insurance Expens	<u>-</u>	ii tiic amount repo	rica on rait iii, oo			
	\$	100%	\$	100%	\$	100%	
2a	•	•	and collection expe		-		
	amount reported	· · · · · · · · · · · · · · · · · · ·	14 of the Insuranc				
	\$	%	1 -	%	1 -	%	
2b			(CEPT the following				
			the insurer; 2. Ad				
	•		or promotion of or nal Revenue Code	_	pt from federal		
	e	% (5) Of the litter		%	¢	%	
2c	Adjusted other ac		ervision and collec				
	minus line 2b.	quisition, neid sup	ci vision and conc	Mon expenses in	Allea IIIIe Za		
	\$	%	\$	%	\$	%	
3a							
	Insurance Expense Exhibit.						
	\$	%	\$	%	\$	%	
3b	Loss control and safety engineering expenses. (Although this is not a disallowed						
	expense, it must be reported separately to ensure appropriate consideration.)						
	\$	%	l ·	%		%	
3с	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees and other expenses incurred to influence elected or appointed decision-makers						
	regarding legislation or rule making and all other activities required to be reported under the Texas Ethics Law.						
	\$	%	\$	%	\$	%	
3d	All amounts paid						
	All amounts paid by an insurer as damages in a suit against the insurer for bad faith or as fines or penalties for violation of law.						
	\$	%	\$	%	\$	%	
3e	All contributions t		ıgaged in legislativ				
	\$	%	\$	%	\$	%	
3f	All fees and penal		ne insurer for civil				
	\$	%	7	%	\$	%	
3g	All contributions t		political or fratern				
	\$	%		%	\$	%	
3h	All fees and asses		isory organization				
	\$	%	l ·	%	\$	%	
3i Disallowed general expenses - sum of lines 3c, 3d, 3e, 3f, 3g and 3h.							
	\$	%	l ·	%		%	
3j		-	- line 3a minus lir				
	\$	%	\$	%	\$	%	

AFFIDAVIT

THE STATE OF	
COUNTY OF	
1	
	e (position)
being duly sworn, deposes and says the contained herein, together with any explanations contained, annexed or r	at all of the information of the named Company necessary related exhibits, schedules and referred to are a full and true statement in ded according to the best of my information,
	Signature
SUBSCRIBED AND SWORN TO BEFORE MI	E this the day of, 20
	Notary Public
	(Printed Name of Notary)
	My Commission Expires:

"ACKNOWLEDGMENT OF RECEIPT"

	ER FOR (Insurance Company/Group Name)
	, (NAIC Company No.), (Group
Number) DO HEREBY ACKNEXPENSE CALL.	NOWLEDGE RECEIPT OF THE TEXAS DISALLOWED
(Group filings, please provide the grounumbers below).	p name above and list company names and NAIC
Company Name	NAIC Company No.
	_
	_
SIGNATURE	
DATE	
NEW POINT OF CONTACT (ONLY REQUIRED)	JIRED IF CHANGED OR NEW APPOINTMENT
NAME:	
Phone No.: () Fax N	No:(<u>)</u>
Address:	
This acknowledgment must arrive at TI	DI by March 3, 2000.
Mail to:	Courier:
Texas Department of Insurance	Texas Department of Insurance
Julie Jones Data Services (MC: 105-5D)	Data Services Division (MC:105-5D) 333 Guadalupe
P.O. Box 149104	Austin, Texas 78701
Austin, TX 78714-9104	,

or fax to: (512) 463-6122